

CHRIS CHRISTIE

GOVERNOR

KIM GUADAGNO

LT. GOVERNOR

DEPARTMENT OF ENVIRONMENTAL PROTECTION

HMGP ELEVATION PROGRAM
P.O. Box 420
MAIL CODE 401- 03H
TRENTON, NEW JERSEY 08625 – 0420

BOB MARTIN

COMMISSIONER

HMGP Elevation Program Time Extension Request

Applicant Name	HMG#:
Date:	Anticipated completion date:
Justification for time extension	on:
Please attach the following do	ocumentation to this form that supports justification for extension.
Revised Construction Sch	nedule (if applicable)
Any and all documentation	on that justifies the time extension request.
Applicant Signature	
Name	Date
Grant Administrator Signature	e
Name	Date